PATENT NUMBER

U.S. **UTILITY** Patent Application

O.I.P.E.

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PATENT DATE

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/974044		600 436	69	3736 1743	Wallenhorst

APPLICANTS

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TITLE: Method and apparatus for diagnosing hemostasis

PTO-2040
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ISSUING CLASSIFICATION

ORIGINAL			CROSS REFERENCE(S)							
CLASS	**SUBCLASS**		**CLASS**	**SUBCLASS (ONE SUBCLASS PER BLOCK)**						
INTERNATIONAL CLASSIFICATION										
					☐ Continued on Issue Slip Inside File Jacket					

TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
☐	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
☐ The term of this patent subsequent to _____ (date) has been disclaimed.	(Assistant Examiner)		(Date)	**NOTICE OF ALLOWANCE MAILED**	
☐ The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____				**ISSUE FEE**	
				Amount Due	Date Paid
	(Primary Examiner)		(Date)		
☐ The terminal ____ months of this patent have been disclaimed.	(Legal Instruments Examiner)		(Date)	**ISSUE BATCH NUMBER**	

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